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Vossius & Partner
 Siebertstrasse 4
 81675 München

Nr. der Anmeldung / Application No. / Demande de brevet no

PCT/EP 2004 / 0 0 6 0 0 5

Tag des Eingangs / Date of receipt / Date de réception

03.06.04

Zeichen des Anmelders / Vertreter - Applicant / Representative
 ref. no. - Référence du demandeur ou du mandataire

G5455 PCT

Anmelder / Applicant / Demandeur : Umicore AG & Co. KG

Datum / Date 04.06.04

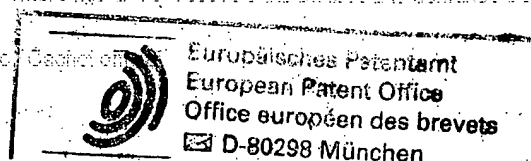
Empfangsbcheinigung / Receipt for documents / Récépissé de documents

Das Europäische Patentamt bescheinigt hiermit den Empfang folgender Dokumente.
 The European Patent Office hereby acknowledges the receipt of the following:
 L'Office européen des brevets accuse réception des documents indiqués ci-dessous:

A. Internationale Anmeldung / International application / Demande internationale		Stückzahl / No. of copies / Nombre d'exemplaires	
<input checked="" type="checkbox"/> Antrag / Request / Requête		1	<input type="checkbox"/> Kopie der allgemeinen Vollmacht Copy of general power of attorney Copie du pouvoir général
<input checked="" type="checkbox"/> Beschreibung (ohne Sequenzprotokollteil) Description (excluding sequence listing part) Description (sauf partie réservée au listing des séquences)		3	<input checked="" type="checkbox"/> Prioritätsbeleg(e) Priority document(s) Document(s) de priorité
<input checked="" type="checkbox"/> Patentansprüche / Claim(s) / Revendication(s)		3	<input type="checkbox"/> Blatt für die Gebührenberechnung Fee calculation sheet Feuille de calcul des taxes
<input checked="" type="checkbox"/> Zusammenfassung / Abstract / Abrégé		3	<input type="checkbox"/> Abbuchungsauftrag Debit order Ordre de débit
<input checked="" type="checkbox"/> Zeichnung(en) / Drawing(s) / Dessin(s)		3	<input type="checkbox"/> Währung/Currency/Monnaie Betrag/Amount/Montant
<input type="checkbox"/> Sequenzprotokollteil der Beschreibung Sequence listing part of description Partie de la description réservée au listing des séquences			<input type="checkbox"/> Scheck Cheque Chèque
<input type="checkbox"/> Diskette / Disquette			<input type="checkbox"/> Sonstige Unterlagen (einzeln auflühren) Other documents (specify) Autres documents (préciser)
Ausfüllung freigestellt / Optional / facultatif			
B. Beigefügte Dokumente / Accompanying documents / Éléments joints			
<input type="checkbox"/> Gesonderte unterzeichnete Vollmacht Separate signed power of attorney Pouvoir distinct signé			

Die genannten Unterlagen sind am oben genannten Tag eingegangen. Die in der Kontrollliste (Feld VIII) des PCT-Antragformulars RO/101 angegebenen Blattzahlen wurden bei Eingang nicht geprüft. Die Anmeldung hat ebenfalls oben angeführte Anmeldenummer erhalten / The said items were received on the date indicated above. No check was made on receipt that the number of sheets indicated in the check list (box VIII of the PCT Request Form RO/101) were correct. The application has been assigned the above indicated application number / Les documents mentionnés ont été reçus à la date indiquée. L'exactitude du nombre de feuilles indiqué au bordereau (cadre VIII) du formulaire de demande PCT RO/101 n'a pas été contrôlée lors du dépôt. Le numéro figurant ci-dessus a été attribué à la demande de brevet.

Unterschrift / Amtsstempel / Signature / Official Stamp / Signature



PCT

REQUEST

The undersigned requests that the present international application be processed according to the Patent Cooperation Treaty.

For receiving Office use only

International Application No.

International Filing Date

Name of receiving Office and "PCT International Application"

Applicant's or agent's file reference
(if desired) (12 characters maximum) G5455 PCT

Box No. I TITLE OF INVENTION Method and apparatus for determining the activity and aging behavior of a catalyst	
Box No. II APPLICANT <input type="checkbox"/> This person is also inventor	
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.) Umicore AG & Co. KG Rodenbacher Chaussee 4 63457 Hanau-Wolfgang Germany	Telephone No. Facsimile No. Teleprinter No. Applicant's registration No. with the Office
State (that is, country) of nationality: DE	State (that is, country) of residence: DE
This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input checked="" type="checkbox"/> all designated States except the United States of America <input type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box	
Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)	
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.) GIESHOFF, Jürgen Am Burgwerksrain 10 63599 Biebergemünd Germany	This person is: <input type="checkbox"/> applicant only <input checked="" type="checkbox"/> applicant and inventor <input type="checkbox"/> inventor only (If this check-box is marked, do not fill in below.) Applicant's registration No. with the Office
State (that is, country) of nationality: DE	State (that is, country) of residence: DE
This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input checked="" type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box	
<input checked="" type="checkbox"/> Further applicants and/or (further) inventors are indicated on a continuation sheet.	
Box No. IV AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE	
The person identified below is hereby/has been appointed to act on behalf of the applicant(s) before the competent International Authorities as: <input checked="" type="checkbox"/> agent <input type="checkbox"/> common representative	
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.) Vossius & Partner Siebertstraße 4 81675 Munich Germany	Telephone No. +49 89 41 30 40 Facsimile No. +49 89 41 30 4111 Teleprinter No. Agent's registration No. with the Office
<input type="checkbox"/> Address for correspondence: Mark this check-box where no agent or common representative is/has been appointed and the space above is used instead to indicate a special address to which correspondence should be sent.	

Continuation of Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)

If none of the following sub-boxes is used, this sheet should not be included in the request.

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

FINKENBEINER, Hartmut
Berger Weg 3
72270 Baiersbronn
Germany

This person is:

- ☐ applicant only
☒ applicant and inventor
☐ inventor only (If this check-box is marked, do not fill in below.)

Applicant's registration No. with the Office

State (that is, country) of nationality:

DE

State (that is, country) of residence:

DE

This person is applicant for the purposes of:

☐ all designated States

☐ all designated States except the United States of America

☒ the United States of America only

☐ the States indicated in the Supplemental Box

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

LOX, Egbert
Am Lärchentor 8
36355 Hochwaldhausen
Germany

This person is:

- ☐ applicant only
☒ applicant and inventor
☐ inventor only (If this check-box is marked, do not fill in below.)

Applicant's registration No. with the Office

State (that is, country) of nationality:

BE

State (that is, country) of residence:

DE

This person is applicant for the purposes of:

☐ all designated States

☐ all designated States except the United States of America

☒ the United States of America only

☐ the States indicated in the Supplemental Box

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

KREUZER, Thomas
Philipp-Reis-Str. 13
61184 Karben
Germany

This person is:

- ☐ applicant only
☒ applicant and inventor
☐ inventor only (If this check-box is marked, do not fill in below.)

Applicant's registration No. with the Office

State (that is, country) of nationality:

DE

State (that is, country) of residence:

DE

This person is applicant for the purposes of:

☐ all designated States

☐ all designated States except the United States of America

☒ the United States of America only

☐ the States indicated in the Supplemental Box

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

This person is:

- ☐ applicant only
☐ applicant and inventor
☐ inventor only (If this check-box is marked, do not fill in below.)

Applicant's registration No. with the Office

State (that is, country) of nationality:

State (that is, country) of residence:

This person is applicant for the purposes of:

☐ all designated States

☐ all designated States except the United States of America

☐ the United States of America only

☐ the States indicated in the Supplemental Box

☐ Further applicants and/or (further) inventors are indicated on another continuation sheet.

Box No. V DESIGNATIONS

The filing of this request constitutes under Rule 4.9(a), the designation of all Contracting States bound by the PCT on the international filing date, for the grant of every kind of protection available and, where applicable, for the grant of both regional and national patents.

However,

- ☐ DE Germany is not designated for any kind of national protection
- ☐ KR Republic of Korea is not designated for any kind of national protection
- ☐ RU Russian Federation is not designated for any kind of national protection

(The check-boxes above may be used to exclude (irrevocably) the designations concerned in order to avoid the ceasing of the effect, under the national law, of an earlier national application from which priority is claimed. See the Notes to Box No. V as to the consequences of such national law provisions in these and certain other States.)

Box No. VI PRIORITY CLAIM

The priority of the following earlier application(s) is hereby claimed:

Filing date of earlier application (day/month/year)	Number of earlier application	Where earlier application is:		
		national application: country or Member of WTO	regional application:* regional Office	international application: receiving Office
item (1) 04/06/2003 04 June 2003	103 25 292.4	DE		
item (2)				
item (3)				

☐ Further priority claims are indicated in the Supplemental Box.

The receiving Office is requested to prepare and transmit to the International Bureau a certified copy of the earlier application(s) *(only if the earlier application was filed with the Office which for the purposes of this international application is the receiving Office)* identified above as:

☐ all items ☐ item (1) ☐ item (2) ☐ item (3) ☐ other, see Supplemental Box

* Where the earlier application is an ARIPO application, indicate at least one country party to the Paris Convention for the Protection of Industrial Property or one Member of the World Trade Organization for which that earlier application was filed (Rule 4.10(b)(ii)):

Box No. VII INTERNATIONAL SEARCHING AUTHORITY

Choice of International Searching Authority (ISA) (if two or more International Searching Authorities are competent to carry out the international search, indicate the Authority chosen; the two-letter code may be used):

ISA / EPO

Request to use results of earlier search; reference to that search (if an earlier search has been carried out by or requested from the International Searching Authority):

Date (day/month/year)

Number

Country (or regional Office)

Box No. VIII DECLARATIONS

The following declarations are contained in Boxes Nos. VIII (i) to (v) (mark the applicable check-boxes below and indicate in the right column the number of each type of declaration):

Number of
declarations

- | | | |
|---|--|---|
| <input type="checkbox"/> Box No. VIII (i) | Declaration as to the identity of the inventor | : |
| <input type="checkbox"/> Box No. VIII (ii) | Declaration as to the applicant's entitlement, as at the international filing date, to apply for and be granted a patent | : |
| <input type="checkbox"/> Box No. VIII (iii) | Declaration as to the applicant's entitlement, as at the international filing date, to claim the priority of the earlier application | : |
| <input type="checkbox"/> Box No. VIII (iv) | Declaration of inventorship (only for the purposes of the designation of the United States of America) | : |
| <input type="checkbox"/> Box No. VIII (v) | Declaration as to non-prejudicial disclosures or exceptions to lack of novelty | : |

Box No. IX CHECK LIST; LANGUAGE OF FILING

<p>This international application contains:</p> <p>(a) in paper form, the following number of sheets:</p> <p>request (including declaration sheets) : 4</p> <p>description (excluding sequence listing and/or tables related thereto) : 7</p> <p>claims : 3</p> <p>abstract : 1</p> <p>drawings : 2</p> <p>Sub-total number of sheets : 17</p> <p>sequence listing : </p> <p>tables related thereto : </p> <p><i>(for both, actual number of sheets if filed in paper form, whether or not also filed in computer readable form; see (c) below)</i></p> <p>Total number of sheets : 17</p> <p>(b) <input type="checkbox"/> only in computer readable form (Section 801(a)(i))</p> <p>(i) <input type="checkbox"/> sequence listing</p> <p>(ii) <input type="checkbox"/> tables related thereto</p> <p>(c) <input type="checkbox"/> also in computer readable form (Section 801(a)(ii))</p> <p>(i) <input type="checkbox"/> sequence listing</p> <p>(ii) <input type="checkbox"/> tables related thereto</p> <p>Type and number of carriers (diskette, CD-ROM, CD-R or other) on which are contained the</p> <p><input type="checkbox"/> sequence listing:</p> <p><input type="checkbox"/> tables related thereto:</p> <p><i>(additional copies to be indicated under items 9(ii) and/or 10(ii), in right column)</i></p>	<p>This international application is accompanied by the following item(s) (mark the applicable check-boxes below and indicate in right column the number of each item):</p> <p>1. <input type="checkbox"/> fee calculation sheet : </p> <p>2. <input type="checkbox"/> original separate power of attorney : </p> <p>3. <input type="checkbox"/> original general power of attorney : </p> <p>4. <input type="checkbox"/> copy of general power of attorney; reference number, if any: : </p> <p>5. <input type="checkbox"/> statement explaining lack of signature : </p> <p>6. <input checked="" type="checkbox"/> priority document(s) identified in Box No. VI as item(s): DE 103.25.292.4 : 1</p> <p>7. <input type="checkbox"/> translation of international application into (language): : </p> <p>8. <input type="checkbox"/> separate indications concerning deposited microorganism or other biological material : </p> <p>9. <input type="checkbox"/> sequence listing in computer readable form (indicate type and number of carriers)</p> <p>(i) <input type="checkbox"/> copy submitted for the purposes of international search under Rule 13ter only (and not as part of the international application) : </p> <p>(ii) <input type="checkbox"/> (only where check-box (b)(i) or (c)(i) is marked in left column) additional copies including, where applicable, the copy for the purposes of international search under Rule 13ter : </p> <p>(iii) <input type="checkbox"/> together with relevant statement as to the identity of the copy or copies with the sequence listing mentioned in left column : </p> <p>10. <input type="checkbox"/> tables in computer readable form related to sequence listing (indicate type and number of carriers)</p> <p>(i) <input type="checkbox"/> copy submitted for the purposes of international search under Section 802(b-quater) only (and not as part of the international application) : </p> <p>(ii) <input type="checkbox"/> (only where check-box (b)(ii) or (c)(ii) is marked in left column) additional copies including, where applicable, the copy for the purposes of international search under Section 802(b-quater) : </p> <p>(iii) <input type="checkbox"/> together with relevant statement as to the identity of the copy or copies with the tables mentioned in left column : </p> <p>11. <input type="checkbox"/> other (specify): : </p>
<p>Figure of the drawings which should accompany the abstract: 1</p>	<p>Language of filing of the international application: English</p>

Box No. X SIGNATURE OF APPLICANT, AGENT OR COMMON REPRESENTATIVE

Next to each signature, indicate the name of the person signing and the capacity in which the person signs (if such capacity is not obvious from reading the request).

Axel Steibrink

European Patent Attorney

Vossius & Partner
Siebertstr. 4
81675 München
(Nr. 31)

For receiving Office use only	
1. Date of actual receipt of the purported international application:	2. Drawings: <input type="checkbox"/> received: <input type="checkbox"/> not received:
3. Corrected date of actual receipt due to later but timely received papers or drawings completing the purported international application:	
4. Date of timely receipt of the required corrections under PCT Article 11(2):	
5. International Searching Authority (if two or more are competent): ISA /	6. <input type="checkbox"/> Transmittal of search copy delayed until search fee is paid

For International Bureau use only

Date of receipt of the record copy
by the International Bureau:

PCT

FEE CALCULATION SHEET

Annex to the Request

For receiving Office use only

Applicant's or agent's file reference G5455 PCT	International Application No. _____ Date stamp of the receiving Office _____
Applicant Umicore AG & Co. KG	
CALCULATION OF PRESCRIBED FEES	
1. TRANSMITTAL FEE	EUR 100.00 T
2. SEARCH FEE	EUR 1,550.00 S
International search to be carried out by <u>EPO</u> <i>(If two or more International Searching Authorities are competent to carry out the international search, indicate the name of the Authority which is chosen to carry out the international search.)</i>	
3. INTERNATIONAL FILING FEE Where items (b) and/or (c) of Box No. IX apply, enter Sub-total number of sheets } _____ Where items (b) and (c) of Box No. IX do not apply, enter Total number of sheets } _____	
i1 first 30 sheets	EUR 902.00 i1
i2 _____ x 10.00 = _____ number of sheets fee per sheet in excess of 30	EUR 0.00 i2
i3 additional component (only if sequence listing and/or tables related thereto are filed in computer readable form under Section 801(a)(i), or both in that form and on paper, under Section 801(a)(ii)):	
400 x _____	EUR _____ i3
fee per sheet	
Add amounts entered at i1, i2 and i3 and enter total at I EUR 902.00 I	
<i>(Applicants from certain States are entitled to a reduction of 75% of the international filing fee. Where the applicant is (or all applicants are) so entitled, the total to be entered at I is 25% of the international filing fee.)</i>	
4. FEE FOR PRIORITY DOCUMENT (if applicable)	EUR _____ P
5. TOTAL FEES PAYABLE	EUR 2,552.00
Add amounts entered at T, S, I and P, and enter total in the TOTAL box	TOTAL
MODE OF PAYMENT <input checked="" type="checkbox"/> authorization to charge deposit account (see below) <input type="checkbox"/> postal money order <input type="checkbox"/> cash <input type="checkbox"/> coupons <input type="checkbox"/> cheque <input type="checkbox"/> bank draft <input type="checkbox"/> revenue stamps <input type="checkbox"/> other (specify): _____	
AUTHORIZATION TO CHARGE (OR CREDIT) DEPOSIT ACCOUNT <i>(This mode of payment may not be available at all receiving Offices)</i>	
<input checked="" type="checkbox"/> Authorization to charge the total fees indicated above. <input checked="" type="checkbox"/> <i>(This check-box may be marked only if the conditions for deposit accounts of the receiving Office so permit)</i> Authorization to charge any deficiency or credit any overpayment in the total fees indicated above. <input type="checkbox"/> Authorization to charge the fee for priority document.	
Receiving Office: RO/ <u>EPO</u> Deposit Account No.: <u>2800.0321</u> Date: <u>July 3, 2004</u> Name: <u>Axel Stellbrink</u> Signature: _____	